DOCUMENT RESUME

ED 225 039 CG 016 387

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TITLE The Effects of Assertive Training on Self-Reported Assertive Ability, Social Skill Knowledge, and Social Self-Efficacy for Trained and Untrained Spouses.
PUB DATE May 82
NOTE 23p.; Paper presented at the Annual Meeting of the Midwestern Psychological Association (54th, Minneapolis, MN, May 6-8, 1982).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Anxiety; *Assertiveness; Behavior Change; *Counseling Effectiveness; Counseling Techniques; Generalization; *Interpersonal Competence; *Interpersonal Relationship; Personality Change; Skill Development; *Spouses; Training

ABSTRACT

Assertive training interventions have become increasingly popular for teaching specific life skills to individuals, but spouses are rarely involved. To study the effects of training on marital relations and social skill, assertive training was conducted with married individuals (N= 4 couples) reporting less assertive ability than their spouses. Data indicated that trained subjects reported increased assertive ability and lowered social anxiety. Untrained spouses reported decreased assertiveness, increased social anxiety, decreased frequency of social anxiety, decreased social skill knowledge, and decreased social self-efficacy at followup. Marital relations were not influenced by training. Role play assessments of assertion indicated that all subjects performed more assertively after training but the effects did not generalize to novel assessment situations. The findings suggest that exposure to assertive training, even in the absence of behavioral change, may have adverse effects on the social skill of the untrained partner and assertive trainers should be alert to the potential risks of unilateral spousal training. (Author/JAC)

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The Effects of Assertive Training on Self-Reported Assertive Ability, Social Skill Knowledge, and Social Self-Efficacy for Trained and Untrained Spouses

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Paper presented at the Annual Convention of the Midwestern Psychological Association, Minneapolis, May, 1982.

The Effects of Assertive Training on Self-Reported Assertive Ability, Social Skill Knowledge, and Social Self-Efficacy for Trained and Untrained Spouses

Within the last decade a variety of intervention programs designed to teach recipients specific life skills have become increasingly popular. Of these, assertive training has gained wide acceptance as a primary or adjunctive treatment, and has been used as an intervention strategy in such areas as substance abuse (Miller & Foy, 1981), affective disorders (Carson & Adams, 1981), anxiety (Hardy, 1977), stress management (Kolotkin, 1981), depression (Sanchez & Lewinsohn, 1980), shyness (Shelton, 1981), and antisocial aggression (Rimm, 1977). When implemented, assertive training interventions tend to involve individuals who are referred for social skills training, or who self-refer when nonassertion or anger come to cause significant emotional or personal discomfort. Though many individuals who become involved in assertive training programs are also involved in relationships, partners or spouses typically do not become involved in training with the trainees.

Despite the fact that increased assertive skills are designed to affect the personal and vocational relationships of recipients, very little attention has been given to the effects of training on those who interact with trainees. Though Alberti and Emmons (1978) have discussed the possibility that assertive training may result in increased problems within intimate relationships, empirical assessment of the effects of assertive training in relationships is rare. In one study, Eisler, Miller, Hersen, and Alford

(1974) found that assertive training for husbands was related to significant positive changes in marital interactions, but assessment did not include a global measure of assertion. Wolff and Desiderto (1980) examined the effects of assertive training on college student trainees and their roommates, and found that recipients of training reported increased assertion and lower social anxiety compared to a no-treatment group. Trainee's roommates showed similar, but smaller, changes in assertion, and no changes in social anxiety. No behavioral assessment of assertion was conducted.

Though these investigations suggest that assertive training has positive systems effects, some evidence suggests that negative effects might also occur. For example, Gurman & Kniskern (1978), in a review of the literature on marital-family therapy, found that individual therapy for marital-family problems was associated with deterioration of the patient, the patient's primary relationships, or the patient's family about twice as often as other types of therapy. Intuitive arguments for negative effects also exist. For example, it is likely that alterations in trainees' assertive behavior produce requests for change in their relationships, and that such requests increase the tensions in those relationships. Partners may respond to these stresses with increased defensiveness, hostility or discomfort. And, since the partners of trainees are likely to resist the trainees' attempts to modify, eliminate, or discuss their behavior, adverse effects of assertive training in relationships can be anticipated.

Because of the popularity of assertive training, and the possibility

that such training may have negative effects on relationships, the present investigation sought to examine the consequences of assertive training on behavioral and self-reported assertion, and on marital relationships, for both trained and untrained spouses.

Method

Participants

Participants were solicited from the community using a news item placed in a local newspaper, through public service radio announcements, and with a poster placed in a social service center. All of these solicitations invited interested couples to contact a local university if they wanted to participate in a research project designed to study the effects of communication training on marital relations, and offered free communications training in exchange for participation. Of the twenty-four couples who responded, six decided to participate in the experiment. Two of these couples terminated their participation prior to the completion of the project. The four couples completing the experiment were married, and ranged in age from 31-57 years ($\bar{x}$ = 40.25).

Screening

Prior to the experiment, all participants completed the Adult Self-Expression Scale (Gay, Hollandsworth & Galassi, 1975) and the Assertion Inventory (Gambrill & Richey, 1975) to assess their self-reported assertive ability. Subjects reporting lower assertive ability than their spouse were placed in the treatment group. Spouses were placed in a delayed-treatment condition, and were told that they would receive training which was identical to that given their partner after the conclusion of the

entire experiment.

Treatment Conditions

Research subjects were asked to participate in a group assertive training program which met for 1½ hours once a week over a period of three weeks. The group was run by two female psychology graduate students. These students alternated group leadership for the first two sessions, and co-lead the last session. Individuals were exposed to a multi-faceted, didactic intervention which was designed to produce concrete behavioral change. During the first two sessions, group leaders provided participants with information designed to help them distinguish among assertive, aggressive, and nonassertive behavior, and instructed participants in both the nonverbal and verbal components of social skill. Hand-outs and homework assignments were provided to encourage subjects to practice their new skills, and participants were asked to keep a journal that listed problematic situations which they encountered between treatment sessions. These participant-generated situations provided the context of role-play and modeling procedures. During the final session subjects spent the entire 1½ hour meeting using situations they had listed in their journals as the basis of role-play and modeling practice exercises. Three females and one male participated in the group.

Self-Report Assessment

Self-report assessment was completed for treatment and delayed-treatment subjects at pretreatment, posttreatment, and six-week follow-up. Participants and their spouses were evaluated using identical assessment schedules. Self-reported assertion was measured with the Adult Self-

Expression Scale (Gay, Hollandsworth & Galassi, 1975), the response probability scale of the Assertion Inventory (Gambrill & Richey, 1975), and the Situation Assertion Scales (Kolotkin, 1980; Kolotkin, Note 1). This last scale, which differentially weights subject self-reports according to the difficulty of producing an assertive response in the assessment situation, provided a measure of social anxiety, social skill knowledge, and social self-efficacy. Social anxiety was also assessed with the discomfort scale of the Assertion Inventory. In addition, self-report measures included instruments designed to assess dyadic adjustment (Spanier, 1976), marital adjustment and marital prognosis (Locke & Wallace, 1959), depression (Beck, Ward, Mendelson, Mock, & Erbauch, 1961), affect (Zuckerman & Lubin, 1965), social avoidance and distress and fear of negative evaluation (Watson & Friend, 1969), locus of control (Levenson, 1974), and social desirability (Crowne & Marlowe, 1964).

Behavioral Assessment

Behavioral assessment was completed pretreatment, posttreatment and at six-week follow-up for both treatment subjects and their spouses. Behavioral assessment procedures asked subjects to role-play their responses to a series of interpersonal situations in which a variety of assertive responses would be appropriate. These situations were selected on the basis of previous research in which their response difficulty had been empirically determined (Kolotkin, 1980). At pretreatment, four role-play stimuli were presented to subjects in ascending order of response difficulty. These stimuli spanned the difficulty dimension. At posttreatment, the same four stimuli were presented to participants, as well as four

additional novel stimuli which were matched to pretreatment stimuli in terms of their response difficulty. Assessment stimuli were again presented in ascending order of difficulty, with pairs of stimuli of equal response difficulty being presented one after the other. At follow-up, eight role-play stimuli were again presented in this manner. These stimulus situations included the four used at pretreatment, and a new set of four novel stimulus situations. A total of twelve stimulus situations were thus used in the role-play task. A more complete description of this role-play procedure, designed to control for response difficulty in the assessment of training and transfer subsequent to social skills training, can be found in Kolotkin (1980).[1]

Role-play responses were videotaped with both camera and monitor placed in another room behind a one-way glass partition. Prior to recording, a female research assistant, who was blind as to the nature of the experiment and assigned treatment condition of the subject, read a set of standard instructions to each participant. These instructions were designed to relax and inform the participants, and asked them to respond to the research assistant as they normally would were they actually to find themselves in the situation. Two standardized practice situations, selected for their minimal rated response difficulty, were presented following the instructional phase to allow subjects to familiarize themselves with the role-play procedure.

The videotapes of these role-play responses were rated for overall assertive ability on an 11-point Likert-type scale by two female, undergraduate judges who were uninformed as to the nature of the experiment,

participant group assignment, and time of assessment (i.e., pretreatment, posttreatment, or follow-up). Raters were trained by asking them to read The Assertive Option (Jakubowski & Lange, 1978) to learn about assertion, and to successfully label 95% of the sixty sample situations listed on the Discrimination Test on Assertive, Aggressive and Non-Assertive Behavior (Lange & Jakubowski, 1976). Following this, raters were required to rate a set of training tapes which showed assertive and nonassertive subjects from the same subject pool as that of the present experiment responding to role-play situations of equal difficulty to those used in this experiment. Interrater reliabilities were computed from the ratings obtained from these training tapes, and re-evaluated on the experimental tapes by asking the raters to evaluate identical tapes midway through, and at the completion of, the rating procedure. To reduce rater bias, judges evaluated copies of the original videotapes on which subjects' group assignments and items of assessment had been randomized, and which excluded all instructional information. Interrater reliabilities for rated overall assertion were found to be .96 for the training tapes, and .93 and .90, respectively, for correlations computed midway through and at the completion of the experiment.

Results

Self-Report Measures

The twenty self-report measures were each subjected to a Groups (trainees vs. untrained spouses) X Phases (pre, post, and follow-up) analysis of variance. Table 1 summarizes the statistical analyses for all

self-report measures, and Table 2 presents the means for the seven variables which showed significant effects. All subsequent analyses were carried out on the Groups X Phases means. Subsequent F-tests showed that trainees differed significantly from untrained spouses on the Adult Self-Expression Scale, the Assertion Inventory-Discomfort Scale, and the Multiple Affect Adjective Check List - Depression Scale (all F's$(1,12)>25.00$, $p<.001$).

An inspection of the Groups X Phases means (Table 2) for the Adult Self-Expression Scale indicates that trainees reported more assertive ability at follow-up as compared to their reports at pretreatment, $F(1,12) = 11.82$, $p<.01$. Untrained spouses showed a slight but nonsignificant ($F<1.0$) increase.

The Assertion Inventory - Discomfort Scale showed only a significant main effect of phases in the overall analysis of variance, but subsequent F-tests of the Groups X Phases means did reveal an interesting pattern. Trainees showed a significant decline in the degree of their social discomfort from pretraining to follow-up, $F(1,12) = 15.44$, $p<.01$, while untrained spouses showed a significant increase in Discomfort, $F(1,12) = 18.94$, $p<.001$. A somewhat similar pattern was also found for the SAS-Assertion Scale: Trainees showed a large (but nonsignificant) increase in self-reported assertion from pretraining to follow-up, while untrained spouses showed a significant decline in assertion $F(1,12) = 3.30$, $p<.05$.

The presence of a significant effect of phases for the SAS- Anxiety Scale reflects the decline in anxiety scores shown by both groups. The

apparently steeper decline shown by untrained spouses could be due to chance, but F-tests did reveal that trainees did not decline significantly in their frequency of their anxiety from pretraining to follow-up, while untrained spouses did, $F(1,12)=14.28$, $p<.01$.

While Social Skill Knowledge for trainees showed a slight, but non-significant increase from pretraining to follow-up, Social Skill Knowledge for untrained spouses declined significantly from pretraining to follow-up, $F(1,12)=5.66$, $p<.05$. The pattern of change for Social Self-Efficacy was almost identical. The increase from pretraining to follow-up shown by trainees approached significance, $F(1,12)=3.32$, $p<.10$, while the decrease shown by untrained spouses from pretraining to follow-up was significant, $F(1,12)=8.41$, $p<.05$.

With respect to the Multiple Affect Adjective Check List- Depression Scale, the difference between groups was statistically significant at pretraining. Neither the downward trend in depression scores for trainees, nor the slight upward trend for untrained spouses, were significant. The difference between trainees and untrained spouses at follow-up was not significant, $F(1,12)=4.24$, $p>.05$.

Behavioral Ratings

The mean behavioral ratings of overall assertion were subjected to a Groups (trainees vs. untrained spouses) X Phases X Situations analysis of variance using the Biomedical Computer Programs, P-series (Dixon, 1975). All tests were conducted at the .05 level of significance.

Two effects from this analysis were statistically significant. First, the effect of assessment phases was significant, $F(4,24)=3.28$, $p<.05$.

Beginning with the first phase, the means were 7.55, 9.22, 7.95, 9.67, and 7.16. The first, second, and fourth assessment phases represent behavioral ratings for the pre, post, and follow-up phases collected in response to the same group of four assessment situations. These three means show a tendency toward increased ratings of assertion across phases. However, subsequent F-tests of the difference between the first mean (pretest) and the remaining four means indicated that only the difference between the pretest mean (7.55) and the fourth mean (follow-up assessment with familiar situations) was significant, $F(1,24)=6.24$, $p<.05$. None of the other three tests was statistically significant. Apparently, then, all subjects improved their assertive performance in response to the original hierarchy of situations, but the effects of training failed to generalize to novel situations. This, and the fact that no significant main effects for groups emerged suggests that this significant effect may be an artifact of repeated testing, and not the acquisition of improved assertive skill.

The second significant statistical effect from the analysis of variance was situations, $F(3,18)=6.90$, $p<.01$. The mean behavioral ratings as a function of increasing situational difficulty were 9.40, 9.08, 7.34, and 7.43. A test for linear trend was significant, $F(1,18)=17.30$, $p<.001$, and the pooled residual (quadratic plus cubic trends) was not significant, $F(1,18)=3.37$, $p>.05$, showing that behavioral ratings of assertion were a decreasing linear function of difficulty level

Discussion

The results of this experiment indicated that untrained spouses of

of participants in an assertive training program may experience reductions in social skill and increased social discomfort as a consequence of spousal training. Though Eisler et al., (1974) and Wolff and Desiderato (1980) found positive systems effects subsequent to assertive training, this study indicated that spouses of recipients reported significantly decreased assertive skill, increased social discomfort, reduced social skill knowledge, and decreased social self-efficacy when assessed at follow-up. Trained spouses on the other hand, reported significant increases in assertive skill and decreases in social discomfort after training.

These results are particularly interesting when considered in light of the role-play data collected in this experiment. These data indicate that both trained and untrained spouses (essentially a delayed-treatment control group) produced significantly better assertions following training, and that this behavioral improvement did not generalize to novel role-play stimuli. Since these data suggest that improved assertion following spousal training was most likely a product of repeated testing, and not indicative of behavioral change, this study indicates that spouses of trainees may suffer adverse consequences even in the absence of increased trainee assertion. Apparently, mere exposure to assertive training procedures can produce changes in attitude and self-perception in trainees (as evidenced in the self-report data) which significantly alter their partner's perceptions of their own assertive ability, sense of discomfort in relationships, and social acumen. These findings are in need of further study, and represent a fruitful area for future research.

While one would expect that group participants would be more influenced by training than their spouses, the self-report data obtained in this experiment indicate that the opposite may be true. For example, of the seven variables listed in Table 2, five showed significant effects over time for untrained spouses. For trainees, only two significant effects were noted from pretreatment to follow-up. The possibility that spouses of trainees may be so influenced by their partner's training is particularly troubling in light of the fact that one member of a dyad typically participates in training, and that most people believe that assertive training procedures produce positive effects on relationships.

Though it could be argued that marital relationships were not affected by the training offered in this experiment, self-reports of these variables failing to change significantly over time, long-term effects of training were not evaluated in the present study. Given the homeostatic nature of relationships, it is possible that alterations in marital relations may not be observed when assessed a mere six weeks after training. Data obtained six months after training, however, might yield far different results. This is suggested by the fact that, even for the relatively sensitive measures of social skill included in this experiment, significant self-reported changes failed to emerge until follow-up. As a result, the question of whether marital relations are adversely affected over the long-run by unilateral participation in assertive training programs remains a topic for future research. If adverse long-term effects are found, assertive trainers would be well advised to strongly encourage co-participation of spouses, or to directly

deal with the possibility of adverse effects in their training programs.

The apparently contradictory results obtained for untrained spouses on the two measures of social anxiety are also interesting. These data indicate that, following spousal training, untrained spouses experienced significantly more discomfort (Assertion Inventory-Discomfort Scale), but experienced this discomfort significantly less frequently (SAS - Anxiety Scale). Since high scores on self-report measures of assertion do not distinguish between assertive and aggressive styles, most reflecting only the probability of responding (note, for example, the format of all the self-report measures used in this study), it is tempting to speculate that some assertive training participants fail to distinguish between assertion and aggression, and/or use their participation to rationalize their own aggressive actions. For the spouses of these participants, increased difficulty at home may cause them to perceive less difficulty in other areas of their life, and to feel less able to cope with their home situation. Though speculative, such issues underscore the importance of evaluating the effects of training for both trained and untrained partners in various social systems (e.g., vocational, social, and intimate), and illustrate the need to insure that trainees can clearly distinguish assertion from aggression and nonassertion.

Though clearly raising some important applied and empirical questions, the present experiment is not without its limitations. For example, given the small sample, additional research is obviously necessary to determine if these results can be replicated, and if they generalize to samples from

other populations or to less analogue training procedures. It should be noted, however, that recruiting subjects for this experiment was quite diffiuclt. Many potential participants refused to participate when they learned of the design, preferring to become involved in a program with their spouse. Some couples dropped out when they learned that one member of the dyad had been assigned to a delayed-treatment group. Follow-up data was particularly hard to collect, with some subjects expressing concern that the delayed-treatment had been delayed too long.

Though difficult to investigate, the issues raised by this experiment certainly merit future study, have important implications for assertive training, and should alert us to the potential risks of unilateral spousal training. Sensitivity to these issues is clearly indicated, and should be maintained until positive systems effects of assertive training are demonstrated.

Reference Note

1. Kolotkin, R. A. Situation assertion scales: Convergent and discriminant validation of a self-report measure of assertion, social anxiety, social skill knowledge, and social self-efficacy. Paper presented at the 14th Annual Convention of the Association for Advancement of Behavior Therapy, New York, 1980.

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Footnotes

[1]A completed list of the stimuli used in this experiment, their difficulty values, and rated response type is available from the senior author.

Table 1
Analysis of Variance Results for
Self-Report Measures

Variable	F-Ratios		
	Group Main Effect df=1,6	Phases Main Effect df=2,12	Group by Phases Interaction df=2,12
Adult Self-Expression Scale	4.47 ($p<.10$)	6.03*	3.68 ($p<.06$)
Assertion Inventory - Discomfort	3.64	7.36**	1.82
Assertion Inventory - Response Probability	.96	2.41	.54
Situation Assertion Scales - Assertion	.39	1.71	5.05*
Situation Assertion Scales - Anxiety	5.34 ($p<.10$)	7.51**	1.65
Situation Assertion Scales - Social Skill Knowledge	0.01	2.12	4.11*
Situation Assertion Scales - Social Self-Efficacy	0.09	1.67	5.94*
Dyadic Adjustment Scale	2.13	1.68	0.68
Locke-Wallace Marital Adjustment Test	1.92	0.44	1.04
Marital Prediction Test	0.95	0.34	0.50
Personal Reaction Inventory - Social Desirability	0.46	1.51	1.00
Beck Depression Inventory	0.70	1.14	1.34
Multiple Affect Adjective Check List - Anxiety	3.58	1.38	0.53
Multiple Affect Adjective Check List - Depression	14.38**	1.21	3.04 ($p<.10$)
Multiple Affect Adjective Check ist - Hostility	0.00	0.46	0.14
Social Avoidance and Distress	3.07	1.26	0.03
Fear of Negative Evaluation	0.88	3.47	1.43
Locus of Control - Powerful Others	3.33	1.20	2.72
Locus of Control - Chance	1.31	0.72	1.04
Locus of Control - Internal	0.08	0.32	0.14

*$p<.05$
**$p<.01$

Table 2
Means for Self-Report Variables
Showing Statistically Significant Effects

Variable	Group	Phase		
		Pretraining	Post	Follow-up
Adult Self-Expression Scale	Trainees	82.50	108.50	104.75
	Untrained Spouses	115.25	117.25	120.00
AI-Discomfort	Trainees	118.50	96.50	83.50
	Untrained Spouses	35.00	71.75	73.75
SAS-Assertion	Trainees	99.96	115.08	125.33
	Untrained Spouses	120.45	124.73	62.13
SAS-Anxiety	Trainees	99.04	85.43	77.24
	Untrained Spouses	78.06	66.16	27.22
SAS-Social Skill Knowledge	Trainees	86.85	106.03	109.30
	Untrained Spouses	110.41	124.30	62.70
SAS-Social Self-Efficacy	Trainees	83.04	111.82	120.24
	Untrained Spouses	117.59	119.33	58.43
MAACL-Depression	Trainees	19.25	13.00	14.25
	Untrained Spouses	5.75	6.50	9.00